

Gervais School District #1

Student Registration 2016-2017

Grade: _____ Gervais ES Gervais MS Gervais HS Samuel Brown Academy
 Preschool AM Preschool PM Daycare

Has your child attended any school in the Gervais SD? Yes No If yes, when: Month/Year:

Previous School: _____ **Last day attended:** _____

Special Programs: To your knowledge has your child received any of the following services?
 IEP/SPED Speech/Language TAG Reading Support 504 ELL

STUDENT INFORMATION:

Last name: _____ First: _____ Middle: _____

Preferred name: _____ Birthdate: (mm/dd/yyyy) _____ City of Birth: _____ State of Birth: _____

Home /Cell#: _____ - _____ - _____ Gender: Male Female

Email: _____

Home Address: _____ Mailing Address: (Same as home address)

Street: _____ PO BOX # _____ City: _____

City: _____ State: _____ Zip: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION: Child lives with:

Parents Mother Father Grandparent Step-Parent Guardian Foster-Parent Self

Contact 1 Name: _____ Relation to Student: _____

Cell: _____ - _____ - _____ Work#: _____ - _____ - _____

Contact 2 Name: _____ Relation to Student: _____

Cell: _____ - _____ - _____ Work#: _____ - _____ - _____

EMERGENCY CONTACT INFORMATION: (Do not include parent/guardian)

1st Contact's Name: _____

Relation to Student: _____ Cell# _____ - _____ - _____

2nd Contact's Name: _____

Relation to Student: _____ Cell# _____ - _____ - _____

3rd Contact's Name: _____

Relation to Student: _____ Cell# _____ - _____ - _____

Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Russian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander	
Languages in the home: (Please select all that apply.) Language(s) spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian Other _____ Language(s) spoken by parents: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian Other _____ Home correspondence language: <input type="checkbox"/> English or <input type="checkbox"/> Spanish (please select one only)	
Conference language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian Other _____ Conference Preference Time: <input type="checkbox"/> 12:00 – 3:00 pm or <input type="checkbox"/> 4:00 – 7:30 pm (please select one only)	

MEDICAL/ALLERGY INFORMATION: School staff needs to know when your child has a health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.	
Does your child have a medical condition or allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then please complete the Student Health Form
Doctor's Name/Phone	
Health Insurance/ID/Group#	

AUDIO VISUAL RELEASE: <input type="checkbox"/> I give my permission for... <input type="checkbox"/> I do not give my permission for... ...my child to be photographed or videotaped by the district or media. I understand my child will not be paid and these items could be published in the newspaper, TV, Internet or other media.	
INTERNET PERMISSION: <input type="checkbox"/> I give my permission for my child to use the district's internet connection for computer use and state testing. <input type="checkbox"/> I do not give my permission for my child to use the district's internet connection for computer use and state testing.	

OTHER INFORMATION: Housing situation: <input type="checkbox"/> Shared Housing <input type="checkbox"/> Shelter/Transitional Housing <input type="checkbox"/> Unsheltered (Vehicle/Public Space) <input type="checkbox"/> Hotel Have you moved in the last 3 years for agricultural Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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CHILDREN LIVING AT HOME: (ages 0 to 18 years old)					
Name	Birthdate	Gender	Name	Birthdate	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female

I agree to the information as I have indicated on this form.

Signature

Date

OREGON LAW REQUIRES THAT PROGRESS AND BEHAVIORAL OR ANY EDUCATIONAL RECORDS, WHICH RELATE TO THE ABOVE STUDENT, WILL BE SHARED WITH NON-CUSTODIAL PARENTS UPON THEIR REQUEST.
 Gervais School District #1 290 1st ST PO BOX 100 Gervais, OR 97026-0100 Telephone 503-792-3803 Fax 503-792-3809

NONDISCRIMINATION NOTICE

Gervais School District does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sexual orientation, sex or age in providing or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issue; Section 504 of the Rehabilitation Act of 1973, as amended; and the American with Disabilities Act.

The following has been designated to coordinate compliance with these legal requirements and may be contacted at the Gervais School District office for additional information and/or compliance issues:
 Title II Coordinator, Title IX Coordinator and Section 504 Coordinator: Director of Special Programs